

STANDARD CERTIFICATE OF DEATH

12792

State File No.

FILED MAR 20 1953

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>770</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellisville</u>		c. LENGTH OF STAY (in this place) <u>1 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> <u>4006</u>		d. STREET ADDRESS (If rural, give location) <u>7818 La San</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sunset Sanitarium</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>A.</u> c. (Last) <u>Cothran</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>8</u> (Year) <u>53</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar. 27, 1872</u>	9. AGE (In years last birthday) <u>78 yrs.</u>	10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	11. IF UNDER 1 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>? Cothran</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sunset Sanitarium Ellisville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Squamous Cell Carcinoma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Mycardial Insufficiency</u> DUE TO (c) <u>Arteriosclerosis Coronary Arteries</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 Mo.</u> <u>Months</u> <u>Yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 12</u> , 19 <u>53</u> , to <u>Feb. 8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb. 7</u> , 19 <u>53</u> , and that death occurred at <u>11:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Hallie Rhinberger</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>654 N. Kirkwood Rd., Kirkwood 22, Mo.</u>		23c. DATE SIGNED <u>2-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/5/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-9-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danaher MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schmur</u> ADDRESS <u>3125 Lafayette Av.</u>			

pX (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

No embalming

working under my personal supervision.

Student Embalmer No.

Signed _____

John B. Ballmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

Signed
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.